

**2009 Service Academy Nomination Application – Class of 2014**

**Congressman Hank Johnson**  
**Georgia Congressional District 4**  
**Deadline: Monday, November 2, 2009, 5:00 pm**

**Contact Information**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STUDENT E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ STUDENT CELL PHONE: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_

PARENT OR GUARDIAN'S DAYTIME PHONE: \_\_\_\_\_

LOCAL NEWSPAPER: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

IF YOU ARE ATTENDING A COLLEGE OR ACADEMY PREP SCHOOL, PLEASE NAME THE SCHOOL:

\_\_\_\_\_

IF YOU ARE SELECTED FOR A SERVICE ACADEMY, WHICH ACADEMIC AREA DO YOU INTEND TO PURSUE?

\_\_\_\_\_

ACADEMY PREFERENCE (PLEASE USE THESE CODES – USAFA, USMMA, USMA, USNA)

\_\_\_\_\_ 1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_ 3<sup>RD</sup> CHOICE \_\_\_\_\_ 4<sup>TH</sup> CHOICE

INDICATING YOUR PREFERENCES WILL NOT IN ANY WAY AFFECT MY CONSIDERATION OF YOUR FIRST CHOICE.

Attach  
recent  
photo

**PLEASE PROVIDE BRIEF RESPONSES TO THE FOLLOWING QUESTIONS**

1. Have you ever been involved in an honor violation, placed on school probation or dismissed from school? If so, please explain and attach a school statement detailing the resolution of the situation.

2. What is the most significant contribution that you have made to your school, church or community?

3. Have you, your friends or family members attended a service academy? If so, what is your impression of the experience?

Answers may be handwritten but must fit in the space provided.

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**770-939-2016**

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**ESSAY QUESTION (500 WORDS OR LESS)**

Our nation is currently engaged in two wars. Most junior officers face deployment in support of these efforts. What motivations influence your goal of becoming an officer in the United States Armed Services during a period of increased danger and potential personal and family sacrifices?

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You may use additional paper for the essay, if needed. Please make sure to put your name on each additional page.

## ACTIVITIES QUESTIONNAIRE

Please mark the appropriate years that you have participated in an extra-curricular or physical activity in the space provided next to it.

### EXTRA-CURRICULAR ACTIVITIES

	Pre-9	9	10	11	12
President of Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Class Office:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____					
President of Student Govt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Student Govt. Office:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____					
Boy/Girl Scout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's/Girl's State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's/Girl's Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chess Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Air Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jr. ROTC  
Officer ROTC  
Key Club  
Language Club  
Math Club  
Model UN  
Peer Counselor/Tutor  
Science Club  
Student Council  
Varsity Letter Club  
Other Clubs

	Pre-9	9	10	11	12
Jr. ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model UN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Counselor/Tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varsity Letter Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### AWARDS

In the space provided below, please list honors, prizes or awards you have received.

☐ Eagle Scout/Gold Award

☐ National Honor Society

☐ Who's Who or Distinguished  
High School Student

#### OTHER AWARDS

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

## ACTIVITIES QUESTIONNAIRE (continued)

PHYSICAL ACTIVITY (Organized school activities only. Indicate number of years of participation in selected categories.)

C=Captain V=Varsity JV=Junior Varsity

C=Captain V=Varsity JV=Junior Varsity

Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball-Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball-Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track-Indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track-Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weightlifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTRAMURAL PARTICIPATION (Indicate sport & number of years of participation in each sport)

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WORK EXPERIENCE (or Community Service)

**After School/Weekend** Year \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_

**Summer** Year \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_

**After School/Weekend** Year \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_

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**APPLICANT CONTRACT**

This form is to be completed by the applicant.

As the applicant, I am responsible for the content and deadline of this application.

I certify that the information I have provided in this application is true and complete. I will notify Congressman Johnson promptly if there is any change in any aspect of this application.

No final action will be taken on my application until all required information is received.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**AFFIDAVIT OF DOMICILE**

This form is to be completed by the parent or legal guardian of the individual seeking my nomination to a United States Service Academy. If you are not a minor, the form may be completed by you.

This statement establishes that the applicant and his/her parent or guardian is domiciled in the State of Georgia, 4<sup>th</sup> Congressional District. Domicile is defined as a person's fixed, permanent and principal home for legal purposes.

I, \_\_\_\_\_, being of lawful age (18) and a resident of  
\_\_\_\_\_, Georgia,  
(city/county)

do on oath and under penalties of perjury, depose and say:

1. That I am the parent entitled to the custody of, or the legal guardian of \_\_\_\_\_, a minor, or am the applicant who has reached the age of majority, who has applied to Congressman Henry Johnson for consideration as a nominee to a United States Service Academy; that the said individual is either my son/daughter and is my legal ward who lives with me; and that our/my domicile is

\_\_\_\_\_  
(address, including city or town, state and zip code)

2. This is in evidence thereof, I depose and say that:

I am registered as a voter in \_\_\_\_\_  
(city, county and state)

And I file tax returns and pay state income taxes to the State of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PRINCIPAL/GUIDANCE COUNSELOR OFFICIAL FORM**

This form or its equivalent must be completed by your High School Principal, High School Guidance Counselor or High School Registrar.

In a sealed school envelope, please attach to this form the transcript of the final junior grades, or final senior grades if graduated.

NAME OF APPLICANT: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

APPLICANT'S YEAR IN SCHOOL: \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_  
4.O SCALE (must be provided) weighted scale (reference only)

**Students must request that the SAT Board scores be sent directly to my office from the College Testing Board, 609-771-7600. My SAT Code is 4809. If a student elects to submit ACT scores, my ACT Code 7354. Scores listed on transcripts are not acceptable.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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### **CHECKLIST**

This checklist is for your personal reference only. You may keep these pages.

- \_\_\_\_\_ Applicant Contract
- \_\_\_\_\_ Signed Affidavit of Domicile
- \_\_\_\_\_ Signed letters of Recommendation
  - \_\_\_\_\_ Math teacher
  - \_\_\_\_\_ Science teacher
  - \_\_\_\_\_ Personal
- \_\_\_\_\_ Extra-curricular and athletic forms
- \_\_\_\_\_ Principal/Guidance Counselor Official Form
- \_\_\_\_\_ Official transcripts from high school or college
- \_\_\_\_\_ Official SAT Scores from the College Testing Board (Code 4809) – **(Scores printed on your transcripts are not acceptable.)**
- \_\_\_\_\_ Official ACT Scores from ACT, Inc. (Code 7354) – optional – **(Scores printed on your transcripts are not acceptable.)**

If your application is complete and you have an open file with the service academies of your choice, then you will be scheduled for an interview with my Service Academy Review Board. You will be notified of the date and time of your interview in writing.

**US Military Academy**  
Director of Admissions  
600 Thayer Road  
West Point, NY 10996-9902  
[www.usma.edu](http://www.usma.edu)

**US Air Force Academy**  
HQ USAA/RRS  
USAF Academy, CO 80840-9901  
[www.usafa.af.mil](http://www.usafa.af.mil)

**US Naval Academy**  
Dean of Admissions  
117 Decatur Road  
Annapolis, MD 21402-9977  
[www.nad.navy.mil](http://www.nad.navy.mil)

**US Merchant Marine Academy**  
Admissions Office  
Steamboat Road  
Kings Point, NJ 11024-1699  
[www.usmma.edu](http://www.usmma.edu)

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## **Helpful Hint!!!**

**Consider the United States Coast Guard Academy! The Coast Guard Academy does not require a nomination.  
To obtain an application, contact:**

**US Coast Guard Academy**  
Director of Admissions  
15 Mohegan Ave.  
New London, Connecticut 06320-4195  
1-800-883-8724

**Your entire completed application and test scores must be received in my Tucker district office by 5:00 pm, Monday, November 2, 2009 to receive consideration for nomination. Partial applications will not be considered. No exceptions!**

**- Forms requiring signature**

- Applicant Contract – to be signed by applicant
- Affidavit of Domicile – to be signed by parent
- Principal/Guidance Counselor form – to be signed by Principal or Guidance Counselor and included in a sealed envelope with your Official Transcript. If your school's policy requires that the transcript be mailed directly to our office, please provide the school with the address and deadline.

**- You will also need three signed letters of recommendation from:**

- One math teacher
- One science teacher
- One adult non-family member

**Please either mail or deliver the entire application to the following address:**

**Service Academy Review Board  
The Office of Congressman Hank Johnson  
3469 Lawrenceville Hwy, Suite 205  
Tucker, GA 30084**